

BUSINESS CREDIT APPLICATION

DEALER	LOCATION	LOCATION		
CONTACT	PHONE	FAX		

FC-PR-7144 (REV. Nov 09) Previous editions may not be used. Legal Name:					Date of Birth (for Individuals): DBA:					
Sta	Proprietorship te-issued Organization # (r	Corp. Su	b S	LLC.	Partnership	Other: State of Organization	Tax Exe	mpt Number:		
00	0 0F0 # / TAY ID #	Ourse Busfit	/84 41-1 1		Time of l	D!	Van in Daniman	E Mail and Ma	haita Addusas	
	C SEC # / TAX ID #		(Monthly Inco	,	Type of I	Business	Yrs in Business		ebsite Address	
Primary Legal/CEO Address: Street		City		County	St	ate Zip				
	ng Address: Street ifferent from above)			City		County	St	ate Zip		
Fleet Manager Name:		Phone #		E-mail Address						
Garage Address: Street			City		County S		State Zip			
Phone # Fax #			Mobile Phone #		Contact Name					
Owner/Guarantor: Name Title		itle	Address		PH#	Social Security / TN # Date of Birth Ownersh		Ownership %		
Owi	ner/Guarantor: Name	T	itle	Address		PH#	Social Security / T	TN # Date of Birth	Ownership %	
No	te: Sole Proprietor, I			or Indiv	idual Guaran	tor(s) must comp Social Security Number		Date of Birth		
Complete for Individuals only	,	,	, ,			Social Security Number	:1			
	Home Phone ()	Own Ho Buying I	me Outright Home		g with Relatives sing/Renting	Lived There	Yrs Mos	Driver's License	No. & State	
	Previous Employer / Busine	ess (if less than 2 yea	ars)	Add	dress			Phone Number ()		
Individu	Monthly Income	Secondary Income * Source				*Alimony, child support or separate maintenance do not wish to have it considered as a basis for re				
ete for	Mortgage Holder / Landlord	d (Name & Address)				Mortgage Holder / Lar	ndlord Phone	Mortgage Payt / N	Ionthly Rent	
omple	Name & Address of applica	ant's nearest relative	not in househo	old		Relationship		Home Phone		
	Name & Address of applica	ant's non-related pers	sonal reference	known ove	er one year	Relationship		Home Phone		
	Ple	ease use additional	applications i	if more spa	ace is needed for	multiple owner, quar	antor or applicant inforn	nation.		
	e you previously done busines		dit Company (ch	neck one	Yes No) or G	GE Capital Commercial Ir	ic: Yes No)? If yes, A	Acct #:		
Ban	other creditors you do busines	City & State		Tele	phone #	Contac	ct	Account #		
Trade		City & State	City & State Te		phone #	one # Contact		Account #		
IMPORTANT INFORMATION ABOUT ESTABLISHING A RELATIONSHIP WITH FORD CREDIT COMMERCIAL LEASING* To help the United States Government fight terrorism and money laundering, Federal law requires us to obtain, verify, and record information that identifies each person or business that opens an account or establishes a relationship. What this means for you: when you open an account or establish a relationship, we will ask for the business name, street address, date of birth, and identification number. For businesses, we will ask for the business name, street address and tax identification number. Federal law requires us to obtain this information. We may also ask to see your driver's license or other identifying documents that will allow us to identify you. We appreciate your cooperation. The information given is true and complete. GE Capital Commercial Inc., and its affiliates, da Ford Credit Commercial Leasing ("FCCL") and Ford Motor Credit Company ("FMCC") may receive from and disclose to other persons, including credit reporting agencies, financial information about Applicant and information and portion and portion and any of its affiliates any and all information now or hereafter provided by Applicant to any of the foregoing entities, including without limitation present and future credit applications, financial statements and organizational documents. This shall be continuing authorization for all present and future disclosures of financial information, account information and credit experience on Applicant made by FCCL and/or FMCC, or any person requested to release such information to FCCL and/or FMCC. Applicant and any person signing below each agree that a credit report hearing on Applicant's and/or such other persons's credit worthiness, credit standing, credit capacity, character, general reputuion, personal characteristics, or way of living may be requested in connection with this application and future requests for credit. Upon Applicant's and/or such other persons's request, FCCL and/or FMCC, as applica										
	-Applicant Signature tend to apply for joint cre							Date		
1 1[1]	iena io appiy ioi joini Cre	Co-Applicant Init	ial Here							
Gua	arantor Signature		er must sign or	nd show com			al partner must sign and sho			
	ii corporate gua	iranior, authorized offic	on must sign al		•	"Individual" as Title.	ui puititei illust sigii aliu siit	on raidier as like.		